U.S. Department of Housing and Urban Development Office of Public and Indian Housing



NOTE: THIS PHA PLANS TEMPLATE (HUD 50075) IS TO BE COMPLETED IN ACCORDANCE WITH INSTRUCTIONS LOCATED IN APPLICABLE PIH NOTICES

> HUD 50075 OMB Approval No: 2577-0226

Expires: 03/31/2002

PHA Plan Agency Identification

PHA Name: McDonough Housing Authority
PHA Number: GA-182
PHA Fiscal Year Beginning: (mm/yyyy) January 2001
PHA Plan Contact Information:
Name: Pat Evans, Executive Director
Phone: (770) 957-4494
TDD:
Email: cwest5@bellsouth.net
Public Access to Information
Information regarding any activities outlined in this plan can be obtained by contacting: (selec
all that apply)
Main administrative office of the PHA
PHA development management offices
Display Locations For PHA Plans and Supporting Documents The PHA Plans (including attachments) are available for public inspection at: (select all that apply)
Main administrative office of the PHA
Main administrative office of the PHA PHA development management offices Main administrative office of the local, county or State government Public library PHA website Other (list below)
Main administrative office of the local, county or State government
Public library
PHA website
Other (list below)
PHA Plan Supporting Documents are available for inspection at: (select all that apply)
Main business office of the PHA
PHA development management offices
Other (list below)
PHA Programs Administered:
Public Housing and Section 8 Section 8 Only Public Housing Only

Annual PHA Plan Fiscal Year 2001

[24 CFR Part 903.7]

i. Table of Contents

Provide a table of contents for the Plan, including attachments, and a list of supporting documents available for public inspection. For Attachments, indicate which attachments are provided by selecting all that apply. Provide the attachment's name (A, B, etc.) in the space to the left of the name of the attachment. If the attachment is provided as a **SEPARATE** file submission from the PHA Plans file, provide the file name in parentheses in the space to the right of the title.

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Explanation of PHA Response (must be attached if not included in PHA Plan					
text) No PHA Response is necessary all comments were favorable.					
Other (List below, providing each attachment name)					

ii. Executive Summary

[24 CFR Part 903.7 9 (r)]

At PHA option, provide a brief overview of the information in the Annual Plan on the following page:

OMB Approval No: 2577-0226 Expires: 03/31/2002

Executive Summary

1. Summary of Policy or Program Changes for the Upcoming Year
In this section, briefly describe changes in policies or programs discussed in last year's PHA Plan that are not covered in other sections of this Update.
2. Capital Improvement Needs
[24 CFR Part 903.7 9 (g)]
Exemptions: Section 8 only PHAs are not required to complete this component.
A. Yes No: Is the PHA eligible to participate in the CFP in the fiscal year covered by this PHA Plan?
B. What is the amount of the PHA's estimated or actual (if known) Capital Fund Program grant for the upcoming year? \$ 211,092
C. Yes No Does the PHA plan to participate in the Capital Fund Program in the upcoming year? If yes, complete the rest of Component 7. If no, skip to next component.
D. Capital Fund Program Grant Submissions
(1) Capital Fund Program 5-Year Action Plan
The Capital Fund Program 5-Year Action Plan is provided as Attachment C
(2) Capital Fund Program Annual Statement
The Capital Fund Program Annual Statement is provided as Attachment B
3. Demolition and Disposition
[24 CFR Part 903.7 9 (h)]
Applicability: Section 8 only PHAs are not required to complete this section.
1 No. No. Decade DUA also de condesta en livie en livie en livie estica distribuir.
1. Yes No: Does the PHA plan to conduct any demolition or disposition activities (pursuant to section 18 of the U.S. Housing Act of 1037 (42 U.S.C. 1437p)) in the plan
to section 18 of the U.S. Housing Act of 1937 (42 U.S.C. 1437p)) in the plan Fiscal Year? (If "No", skip to next component; if "yes", complete one activity
description for each development.)

2. Activity Description

Demolition/Disposition Activity Description					
(Not including Activities Associated with HOPE VI or Conversion Activities)					
1a. Development name:					
1b. Development (project) number:					
2. Activity type: Demolition					
Disposition					
3. Application status (select one)					
Approved					
Submitted, pending approval					
Planned application					
4. Date application approved, submitted, or planned for submission: (DD/MM/YY)					
5. Number of units affected:					
6. Coverage of action (select one)					
Part of the development					
Total development					
7. Relocation resources (select all that apply)					
Section 8 for units					
Public housing for units					
Preference for admission to other public housing or section 8					
Other housing for units (describe below)					
8. Timeline for activity:					
a. Actual or projected start date of activity:					
b. Actual or projected start date of relocation activities:					
c. Projected end date of activity:					
4. Voucher Homeownership Program [24 CFR Part 903.7 9 (k)]					
A. Yes No: Does the PHA plan to administer a Section 8 Homeownership program pursuant to Section 8(y) of the U.S.H.A. of 1937, as implemented by 24 CI part 982? (If "No", skip to next component; if "yes", describe each program using the table below (copy and complete questions for each program identified.)					
B. Capacity of the PHA to Administer a Section 8 Homeownership Program The PHA has demonstrated its capacity to administer the program by (select all that apply):					

 Establishing a minimum homeowner downpayment requirement of at least 3 percent and requiring that at least 1 percent of the downpayment comes from the family's resources Requiring that financing for purchase of a home under its section 8 homeownership will be provided, insured or guaranteed by the state or Federal government; comply with secondary mortgage market underwriting requirements; or comply with generally accepted private sector underwriting standards Demonstrating that it has or will acquire other relevant experience (list PHA experience, or any other organization to be involved and its experience, below):
5. Safety and Crime Prevention: PHDEP Plan [24 CFR Part 903.7 (m)]
Exemptions Section 8 Only PHAs may skip to the next component PHAs eligible for PHDEP funds must provide a PHDEP Plan meeting specified requirements prior to receipt of PHDEP funds.
A. Yes No: Is the PHA eligible to participate in the PHDEP in the fiscal year covered by this PHA Plan?
B. What is the amount of the PHA's estimated or actual (if known) PHDEP grant for the upcoming year? \$ 27,278
C. Yes No Does the PHA plan to participate in the PHDEP in the upcoming year? If yes, answer question D. If no, skip to next component.
D. Yes No: The PHDEP Plan is a part of this template as page 10 of the table library.
6. Other Information [24 CFR Part 903.7 9 (r)]
A. Resident Advisory Board (RAB) Recommendations and PHA Response
1. Yes No: Did the PHA receive any comments on the PHA Plan from the Resident Advisory Board/s?
2. If yes, the comments are Attached at Attachment (File name)
3. In what manner did the PHA address those comments? (select all that apply) The PHA changed portions of the PHA Plan in response to comments A list of these changes is included Yes No: below or Yes No: at the end of the RAB Comments in Attachment

	Printed on: 9/29/0010:41 AM
	Considered comments, but determined that no changes to the PHA Plan were necessary. An explanation of the PHA's consideration is included at the at the end of the RAB Comments in Attachment
	Other: (list below)
	t of Consistency with the Consolidated Plan ble Consolidated Plan, make the following statement (copy questions as many times as necessary).
1. Consolidate	ed Plan jurisdiction: Metro Atlanta/City of McDonough
	as taken the following steps to ensure consistency of this PHA Plan with the d Plan for the jurisdiction: (select all that apply)
	The PHA has based its statement of needs of families in the jurisdiction on the needs expressed in the Consolidated Plan/s. The PHA has participated in any consultation process organized and offered by the Consolidated Plan agency in the development of the Consolidated Plan. The PHA has consulted with the Consolidated Plan agency during the development of this PHA Plan. Activities to be undertaken by the PHA in the coming year are consistent with specific initiatives contained in the Consolidated Plan. (list such initiatives below) Other: (list below) nests for support from the Consolidated Plan Agency No: Does the PHA request financial or other support from the State or local government agency in order to meet the needs of its public housing residents or inventory? If yes, please list the 5 most important requests below:
[1]The State of C. Criteria for 1. Amendme 24 CFR Part 903. PHAs are require Significant Ame when the PHA was	dated Plan of the jurisdiction supports the PHA Plan with the following actions and committments: GA Department of Community Affairs has certified compliance with the State Consolidated Plan in the three following areas: (a) or Substantial Deviation and Significant Amendments ent and Deviation Definitions

Small PHA Plan Update Page 6

A. Substantial Deviation from the 5-year Plan: No Deviations were made					
B. Significant Amendment or Modification to the Annual Plan:	No amendments / modifications were made				
Small PHA Plan Update Page 7					

<u>Attachment_A_</u> Supporting Documents Available for Review

PHAs are to indicate which documents are available for public review by placing a mark in the "Applicable & On Display" column in the appropriate rows. All listed documents must be on display if applicable to the program activities conducted by the PHA.

List of Supporting Documents Available for Review			
Applicable & On Display	Supporting Document	Related Plan Component	
	PHA Plan Certifications of Compliance with the PHA Plans and Related Regulations	5 Year and Annual Plans	
	State/Local Government Certification of Consistency with the Consolidated Plan (not required for this update)	5 Year and Annual Plans	
	Fair Housing Documentation Supporting Fair Housing Certifications: Records reflecting that the PHA has examined its programs or proposed programs, identified any impediments to fair housing choice in those programs, addressed or is addressing those impediments in a reasonable fashion in view of the resources available, and worked or is working with local jurisdictions to implement any of the jurisdictions' initiatives to affirmatively further fair housing that require the PHA's involvement.	5 Year and Annual Plans	
	Housing Needs Statement of the Consolidated Plan for the jurisdiction/s in which the PHA is located and any additional backup data to support statement of housing needs in the jurisdiction	Annual Plan: Housing Needs	
	Most recent board-approved operating budget for the public housing program	Annual Plan: Financial Resources	
	Public Housing Admissions and (Continued) Occupancy Policy (A&O/ACOP), which includes the Tenant Selection and Assignment Plan [TSAP]	Annual Plan: Eligibility, Selection, and Admissions Policies	
	Any policy governing occupancy of Police Officers in Public Housing check here if included in the public housing A&O Policy	Annual Plan: Eligibility, Selection, and Admissions Policies	
	Section 8 Administrative Plan	Annual Plan: Eligibility, Selection, and Admissions Policies	
	Public housing rent determination policies, including the method for setting public housing flat rents check here if included in the public housing A & O Policy	Annual Plan: Rent Determination	

List of Supporting Documents Available for Review				
Applicable &	Supporting Document	Related Plan Component		
On Display				
	Schedule of flat rents offered at each public housing development	Annual Plan: Rent		
	check here if included in the public housing	Determination		
	A & O Policy	1 D1 D		
	Section 8 rent determination (payment standard) policies	Annual Plan: Rent		
	check here if included in Section 8 Administrative Plan	Determination		
	Public housing management and maintenance policy documents,	Annual Plan:		
	including policies for the prevention or eradication of pest	Operations and		
	infestation (including cockroach infestation)	Maintenance		
	Results of latest binding Public Housing Assessment System	Annual Plan:		
	(PHAS) Assessment	Management and Operations		
	Follow-up Plan to Results of the PHAS Resident Satisfaction	Annual Plan:		
	Survey (if necessary)	Operations and		
	Survey (if necessary)	Maintenance and		
		Community Service &		
		Self-Sufficiency		
	Results of latest Section 8 Management Assessment System	Annual Plan:		
	(SEMAP)	Management and		
		Operations		
	Any required policies governing any Section 8 special housing	Annual Plan:		
	types	Operations and		
	check here if included in Section 8 Administrative Plan	Maintenance		
	Public housing grievance procedures	Annual Plan: Grievance		
	check here if included in the public housing	Procedures		
	A & O Policy			
	Section 8 informal review and hearing procedures	Annual Plan: Grievance		
	check here if included in Section 8 Administrative	Procedures		
	Plan			
	The HUD-approved Capital Fund/Comprehensive Grant Program	Annual Plan: Capital		
	Annual Statement (HUD 52837) for any active grant year	Needs		
	Most recent CIAP Budget/Progress Report (HUD 52825) for any active CIAP grants	Annual Plan: Capital Needs		
	Approved HOPE VI applications or, if more recent, approved or	Annual Plan: Capital		
	submitted HOPE VI Revitalization Plans, or any other approved	Needs		
	proposal for development of public housing	A IDI C ': I		
	Self-evaluation, Needs Assessment and Transition Plan required	Annual Plan: Capital		
	by regulations implementing §504 of the Rehabilitation Act and the	Needs		
Americans with Disabilities Act. See, PIH 99-52 (HA). Approved or submitted applications for demolition and/or A		Annual Plan:		
	disposition of public housing	Demolition and		
		Disposition		
		Annual Plan:		
	housing (Designated Housing Plans)	Designation of Public		
		Housing		

A	List of Supporting Documents Available for Revi	
Applicable & On Display	Supporting Document	Related Plan Component
On Display	Approved or submitted assessments of reasonable revitalization of public housing and approved or submitted conversion plans prepared pursuant to section 202 of the 1996 HUD Appropriations Act, Section 22 of the US Housing Act of 1937, or Section 33 of the US Housing Act of 1937	Annual Plan: Conversion of Public Housing
	Approved or submitted public housing homeownership programs/plans	Annual Plan: Homeownership
	Policies governing any Section 8 Homeownership program (sectionof the Section 8 Administrative Plan)	Annual Plan: Homeownership
	Cooperation agreement between the PHA and the TANF agency and between the PHA and local employment and training service agencies	Annual Plan: Community Service & Self-Sufficiency
	FSS Action Plan/s for public housing and/or Section 8	Annual Plan: Community Service & Self-Sufficiency
	Section 3 documentation required by 24 CFR Part 135, Subpart E	Annual Plan: Community Service & Self-Sufficiency
	Most recent self-sufficiency (ED/SS, TOP or ROSS or other resident services grant) grant program reports	Annual Plan: Community Service & Self-Sufficiency
	The most recent Public Housing Drug Elimination Program (PHEDEP) semi-annual performance report	Annual Plan: Safety and Crime Prevention
	PHDEP-related documentation: Baseline law enforcement services for public housing developments assisted under the PHDEP plan; Consortium agreement/s between the PHAs participating in the consortium and a copy of the payment agreement between the consortium and HUD (applicable only to PHAs participating in a consortium as specified under 24 CFR 761.15); Partnership agreements (indicating specific leveraged support) with agencies/organizations providing funding, services or other in-kind resources for PHDEP-funded activities; Coordination with other law enforcement efforts; Written agreement(s) with local law enforcement agencies (receiving any PHDEP funds); and All crime statistics and other relevant data (including Part I and specified Part II crimes) that establish need for the	Annual Plan: Safety and Crime Prevention
	public housing sites assisted under the PHDEP Plan. Policy on Ownership of Pets in Public Housing Family Developments (as required by regulation at 24 CFR Part 960, Subpart G)	Pet Policy
	check here if included in the public housing A & O Policy	

List of Supporting Documents Available for Review			
Applicable & On Display	Supporting Document	Related Plan Component	
	The results of the most recent fiscal year audit of the PHA conducted under section 5(h)(2) of the U.S. Housing Act of 1937 (42 U. S.C. 1437c(h)), the results of that audit and the PHA's response to any findings	Annual Plan: Annual Audit	
	Troubled PHAs: MOA/Recovery Plan	Troubled PHAs	
	Other supporting documents (optional) (list individually; use as many lines as necessary)	(specify as needed)	

Ann	ual Statement/Performance and Evalu	ation Report			
Cap	ital Fund Program and Capital Fund	Program Replaceme	ent Housing Factor	(CFP/CFPRHF)	Part 1: Summary
_	A Name: Grant Type and Number				Federal FY of Grant:
		Capital Fund Program:			
		Capital Fund Program			
<u> </u>		Replacement Housing			
	ginal Annual Statement		s/ Emergencies Revised A	Annual Statement (revisio	n no:)
	formance and Evaluation Report for Period Ending:	Final Performance and Eva		T	
Line	Summary by Development Account	Total Estin	nated Cost	Total Actual Cost	
No.					
		Original	Revised	Obligated	Expended
1	Total non-CFP Funds	 			
2	1406 Operations	\$ 35,000			
3	1408 Management Improvements				
4	1410 Administration	\$ 15,000			
5	1411 Audit				
6	1415 liquidated Damages				
7	1430 Fees and Costs	\$ 35,000			
8	1440 Site Acquisition				
9	1450 Site Improvement	\$ 12,000			
10	1460 Dwelling Structures	\$ 103,092			
11	1465.1 Dwelling Equipment—Nonexpendable				
12	1470 Nondwelling Structures				
13	1475 Nondwelling Equipment				
14	1485 Demolition				
15	1490 Replacement Reserve				
16	1492 Moving to Work Demonstration				
17	1495.1 Relocation Costs	\$ 3,000			
18	1498 Mod Used for Development				
19	1502 Contingency	\$ 8,000			
20	Amount of Annual Grant: (sum of lines 2-19)	\$211,092			
21	Amount of line 20 Related to LBP Activities				
22	Amount of line 20 Related to Section 504 Compliance				

Ann	Annual Statement/Performance and Evaluation Report					
Capi	Capital Fund Program and Capital Fund Program Replacement Housing Factor (CFP/CFPRHF) Part 1: Summary					
PHA Name: Grant Type and Number Fede				Federal FY of Grant:		
		Capital Fund Program:	Capital Fund Program:			
		Capital Fund Program				
		Replacement Housing Factor Grant No:				
Ori	ginal Annual Statement	Reserve for Disaster	rs/ Emergencies 🗌 Revised A	nnual Statement (revision no):)	
Per	formance and Evaluation Report for Period Ending:	Final Performance and Eva	aluation Report			
Line	Summary by Development Account	Total Estin	mated Cost	Total Ac	tual Cost	
No.						
23	Amount of line 20 Related to Security					
24	Amount of line 20 Related to Energy Conservation					
	Measures					

Annual Statement/Performance and Evaluation Report Capital Fund Program and Capital Fund Program Replacement Housing Factor (CFP/CFPRHF) Part II: Supporting Pages

PHA Name:		Grant Type and Number Capital Fund Program #: Capital Fund Program Replacement Housing Factor #:				Federal FY of (Grant:	
Development Number	General Description of Major Work Categories		Quantity	Total Estimated Cost		Total Actual Cost		Status of Proposed
Name/HA-Wide Activities				Original	Revised	Funds Obligated	Funds Expended	Work
	_							

Annual Statement/Performance and Evaluation Report							
Capital Fund Pro	gram and	Capital I	Fund Pro	gram Repla	ncement Hou	sing Facto	or (CFP/CFPRHF)
Part III: Implem	_	_		•			
PHA Name:			Type and Nu				Federal FY of Grant:
			tal Fund Progi				
	T				Housing Factor #:		
Development Number		l Fund Obligate			All Funds Expended		Reasons for Revised Target Dates
Name/HA-Wide Activities	Name/HA-Wide (Quarter Activities		Date)	(C	Quarter Ending Date	e)	
	Original	Revised	Actual	Original	Revised	Actual	

Capital Fund Program 5-Year Action Plan Attachment C

	CFP 5-Year Action Plan		
Original stateme	ent Revised statement		
Development	Development Name		
Number	(or indicate PHA wide)		
Description of Neede	d Physical Improvements or Management Improvements	Estimated Cost	Planned Start Date (HA Fiscal Year)
Total estimated cost	over next 5 years	\$ 126,092	

Capital Fund Program 5-Year Action Plan

	CFP 5-Year Action Plan		
Original stateme	nt Revised statement		
Development	Development Name		
Number	(or indicate PHA wide)		
		_	
Description of Needed	d Physical Improvements or Management Improvements	Estimated Cost	Planned Start Date (HA Fiscal Year)
Total estimated cost of	over next 5 years	\$ 50,696	

Capital Fund Program 5-Year Action Plan

	CFP 5-Year Action Plan		
☐ Original stateme	ent Revised statement		
Development	Development Name		
Number	(or indicate PHA wide)		
Description of Neede	d Physical Improvements or Management Improvements	Estimated Cost	Planned Start Date (HA Fiscal Year)
Total estimated cost	over next 5 years	\$ 75,396	

Capital Fund Program 5-Year Action Plan

	CFP 5-Year Action Plan		
Original stateme	ent Revised statement		
Development	Development Name		
Number	(or indicate PHA wide)		
Description of Neede	d Physical Improvements or Management Improvements	Estimated Cost	Planned Start Date (HA Fiscal Year)
Total estimated cost	over next 5 years	\$ 75,396	

Capital Fund Program 5-Year Action Plan

	CFP 5-Year Action Plan		
Original stateme	ent Revised statement		
Development	Development Name		
Number	(or indicate PHA wide)		
Description of Neede	d Physical Improvements or Management Improvements	Estimated Cost	Planned Start Date
			(HA Fiscal Year)
TD-4-14*4-3		\$ 5 0.404	
Total estimated cost	over next 5 years	\$ 50,696	

Capital Fund Program 5-Year Action Plan

	CFP 5-Year Action Plan		
☐ Original stateme	ent Revised statement		
Development	Development Name		
Number	(or indicate PHA wide)		
Description of Neede	d Physical Improvements or Management Improvements	Estimated Cost	Planned Start Date
			(HA Fiscal Year)
Total estimated cost	over next 5 years	\$ 126,092	

Capital Fund Program 5-Year Action Plan

	CFP 5-Year Action Plan				
Original stateme	☐ Original statement ☐ Revised statement				
Development	Development Name				
Number	(or indicate PHA wide)				
Description of Needec	d Physical Improvements or Management Improvements	Estimated Cost	Planned Start Date (HA Fiscal Year)		
Total estimated cost	over next 5 years	\$ 340,000			

PHA Public Housing Drug Elimination Program Plan

Note: THIS PHDEP Plan template (HUD 50075-PHDEP Plan) is to be completed in accordance with Instructions located in applicable PIH Notices.

Section 1:	General	Information/History

- A. Amount of PHDEP Grant \$ 27,278
- B. Eligibility type (Indicate with an "x") N1_____ N2___ R__X__
- C. FFY in which funding is requested 2001
- D. Executive Summary of Annual PHDEP Plan

In the space below, provide a brief overview of the PHDEP Plan, including highlights of major initiatives or activities undertaken. It may include a description of the expected outcomes. The summary must not be more than five (5) sentences long

E. Target Areas

Complete the following table by indicating each PHDEP Target Area (development or site where activities will be conducted), the total number of units in each PHDEP Target Area, and the total number of individuals expected to participate in PHDEP sponsored activities in each Target Area. Unit count information should be consistent with that available in PIC.

PHDEP Target Areas (Name of development(s) or site)	Total # of Units within the PHDEP Target Area(s)	Total Population to be Served within the PHDEP Target Area(s)

F. Duration of Program

Indicate the duration (number of months funds will be required) of the PHDEP Program proposed under this Plan (place an "x" to indicate the length of program by # of months. For "Other", identify the # of months).

12 Months	18 Months_X	24 Months
-----------	-------------	-----------

G. PHDEP Program History

Indicate each FY that funding has been received under the PHDEP Program (place an "x" by each applicable Year) and provide amount of funding received. If previously funded programs <u>have not</u> been closed out at the time of this submission, indicate the fund balance and anticipated completion date. The Fund Balances should reflect the balance as of Date of Submission of the PHDEP Plan. The Grant Term End Date should include any HUD-approved extensions or waivers. For grant extensions received, place "GE" in column or "W" for waivers.

Fiscal Year of Funding	PHDEP Funding Received	Grant #	Fund Balance as of Date of this Submission	Grant Extensions or Waivers	Grant Start Date	Grant Term End Date
FY 1996		GA-01 DEP1820196	0			Completed
FY 1997	59,500	GA-01 DEP1820197	0			11/2000
FY 1998	50,000	GA-01 DEP1820198	0			11/2000
FY1999	26,173	GA-01 DEP1820199	3,102.24			05/2001
FY 2000	27,278	GA-01 DEP1820100	19,778.00			06/2002

Section 2: PHDEP Plan Goals and Budget

A. PHDEP Plan Summary

In the space below, summarize the PHDEP strategy to address the needs of the target population/target area(s). Your summary should briefly identify: the broad goals and objectives, the role of plan partners, and your system or process for monitoring and evaluating PHDEP-funded activities. This summary should not exceed 5-10 sentences.

B. PHDEP Budget Summary

Enter the total amount of PHDEP funding allocated to each line item.

FFY 2001 PHDEP Budget Summary							
Original statement							
Revised statement dated:							
Budget Line Item	Total Funding						
9110 – Reimbursement of Law Enforcement							
9115 - Special Initiative							
9116 - Gun Buyback TA Match							
9120 - Security Personnel							
9130 - Employment of Investigators							
9140 - Voluntary Tenant Patrol							
9150 - Physical Improvements	3,000						
9160 - Drug Prevention	21,278						
9170 - Drug Intervention							
9180 - Drug Treatment							
9190 - Other Program Costs	3,000						
TOTAL PHDEP FUNDING	27,278						

C. PHDEP Plan Goals and Activities

In the tables below, provide information on the PHDEP strategy summarized above by budget line item. Each goal and objective should be numbered sequentially for each budget line item (where applicable). Use as many rows as necessary to list proposed activities (additional rows may be inserted in the tables). PHAs are not required to provide information in shaded boxes. Information provided must be concise—not to exceed two sentences in any column. Tables for line items in which the PHA has no planned goals or activities may be deleted.

9110 – Reimbursement of Law Enforcement					Total PHDEP Funding: \$			
Goal(s)								
Objectives								
Proposed Activities	# of Persons Served	Target Population	Start Date	Expected Complet e Date	PHEDE P Fundin g	Other Funding (Amount/ Source)	Performance Indicators	
1.								
2.						·		
3.								

9115 - Special Initiative						Total PHDEP Funding: \$		
Goal(s)					ı			
Objectives								
Proposed Activities	# of Persons Served	Target Population	Start Date	Expected Complet e Date	PHEDEP Funding	Other Funding (Amount/ Source)	Performance Indicators	
1.								
2.								
3.								

9116 - Gun Buyback TA	Match	Total PHDEP Funding: \$
Goal(s)		
Objectives		

Proposed Activities	# of Person	Target Population	Start Date	Expected Complete	PHEDEP Funding	Other Funding (Amount /Source)	Performance Indicators
	s Served	ropuluion	2400	Date	1 4.141.115	(11110 0110 7 2 0 01 2 0 7	
1.							
2.							
3.							

9120 - Security Personnel					Total PHDEP Funding: \$		
Goal(s)							
Objectives							
Proposed Activities	# of Person s Served	Target Population	Start Date	Expected Complete Date	PHEDEP Funding	Other Funding (Amount /Source)	Performance Indicators
1.							
2.							
3.							

9130 – Employment of Investig	gators	Total PHDEP Funding: \$
Goal(s)		
Objectives		

Proposed Activities	# of Person	Target Population	Start Date	Expected Complete	PHEDEP Funding	Other Funding (Amount /Source)	Performance Indicators
	s Served			Date			
1.							
2.			The state of the s				
3.							

9140 - Voluntary Tenant Patrol					Total PHDEP Funding: \$		
Goal(s)							
Objectives							
Proposed Activities	# of Person s Served	Target Population	Start Date	Expected Complete Date	PHEDEP Funding	Other Funding (Amount /Source)	Performance Indicators
1.							
2.							
3.							

9150 - Physical Improvements	Total PHDEP Funding: \$ 3,000
Goal(s) Target Hardening	
Objectives: Control Access to Development	

Proposed Activities	# of Person	Target Population	Start Date	Expected Complete	PHEDEP Funding	Other Funding (Amount /Source)	Performance Indicators
	s			Date	_		
	Served						
1. Fencing			04-01-01	09-01-01	1,000	0	Timely Completion
2. Sidewalks			04-01-01	09-01-01	2,000	0	Timely Completion
3.							

9160 - Drug Prevention			Total PHDEP Funding: \$ 21,278						
Goal(s) Reduce Drug Involvement									
Objectives: Develop effective Residen	Objectives: Develop effective Resident Strategy								
Proposed Activities	# of	Target	Start	Expected	PHEDEP	Other Funding	Performance Indicators		
	Person	Population	Date	Complete	Funding	(Amount			
	S			Date		/Source)			
	Served								
1. Implement Drug Awareness & Proactive Programs	150	Youth/Young Adults	04-01-01	04-01-02	21,278	0	10% reduction in drug related crimes in & around McDH		
2.						_			
3.									

9170 - Drug Intervention			Total PHDEP Funding: \$				
Goal(s)							
Objectives							
Proposed Activities	# of Person s Served	Target Population	Start Date	Expected Complete Date	PHEDEP Funding	Other Funding (Amount /Source)	Performance Indicators
1.							

2.				
3.				

9180 - Drug Treatment						Total PHDEP Funding: \$		
Goal(s)					<u> </u>			
Objectives								
Proposed Activities	# of Person s Served	Target Population	Start Date	Expected Complete Date	PHEDEP Funding	Other Funding (Amount /Source)	Performance Indicators	
1.								
2.								
3.								

9190 - Other Program Costs			Total PHDEP Funds: \$ 3,000							
Goal(s) Administration & Accountability										
Objectives: Provide Technical Assistance	Objectives: Provide Technical Assistance & Review									
Proposed Activities	# of Person s Served	Target Population	Start Date	Expected Complete Date	PHEDEP Funding	Other Funding (Amount /Source)	Performance Indicators			
1. Contract Services			02-01-01	06-01-02	3,000	0	Timely reporting and review			
2. 3.										

Required Attachment E: Resident Member on the PHA Governing Board

1.	Yes No:	Does the PHA governing board include at least one member who is directly assisted by the PHA this year? (if no, skip to #2)
A.	Name of resident mo	ember(s) on the governing board:
В.	Elect	nt board member selected: (select one)? ed pinted
C.	The term of appointment	ment is (include the date term expires):
2.	by the PHA, wh	the PHA is located in a State that requires the members of a governing poard to be salaried and serve on a full time basis the PHA has less than 300 public housing units, has provided reasonable notice to the resident advisory board of the opportunity to serve on the governing board, and has not been notified by any resident
		of their interest to participate in the Board. Other (explain):

- B. Date of next term expiration of a governing board member: 1-18-01
- C. Name and title of appointing official(s) for governing board (indicate appointing official for the next position): Mayor Richard Craig appoints all members of the governing board.

Required Attachment F: Membership of the Resident Advisory Board or Boards

List members of the Resident Advisory Board or Boards: (If the list would be unreasonably long, list organizations represented or otherwise provide a description sufficient to identify how members are chosen.)